

NIT-295

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. ENDO et al

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APR - 3 2006

Serial No. 09/940,982

Group Art Unit: 2137

Filed: August 29, 2001

Examiner: Z. Davis

For: TAMPER RESISTANCE DEVICE

TRANSMITTAL OF REPLACEMENT SHEETS OF
CORRECTED FORMAL DRAWINGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

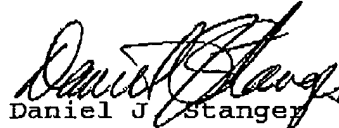
April 3, 2006

Sir:

The Applicants submit herewith 4 sheets of corrected formal drawings (Figs. 1-4) labeled as "Prior Art" in accordance with the Examiner's objection on Page 2 of the Office Action mailed October 3, 2005.

The Examiner's acceptance of the corrected formal drawings is respectfully requested.

Respectfully submitted,



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Attorney for Applicants

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Date: April 3, 2006

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PATENT, TRADEMARK
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Date: April 3, 2006

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

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To: Examiner Z. DAVIS
Group Art Unit 2137, USPTO

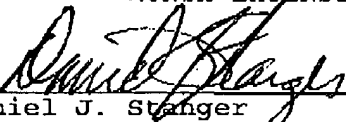
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/940,982
Attorney Docket No.: NIT-295

CERTIFICATION OF FACSIMILE TRANSMISSION

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PTO-1083 TRANSMITTAL;
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(FIGS. 1-4);
CHANGE OF CORRESPONDENCE ADDRESS;
PETITION FOR THREE-MONTH EXTENSION OF TIME; AND
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TERMINAL DISCLAIMER FEE & PETITION FOR THREE
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Daniel J. Stanger
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April 3, 2006

Date

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APR - 3 2006
Patent

Form PTO-1083

Case Docket No. NIT-295

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For: TAMPER RESISTANCE DEVICE

Examiner: Z. DAVIS

Commissioner for Patents
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Alexandria, VA 22313-1450

April 3, 2006

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	8	Minus	** 20	= 0	X 25	\$		X 50	\$
Indep.	1	Minus	*** 3	= 0	X 100	\$		X 200	\$
First presentation of Multiple Dependent Claims					X 180	\$		X 360	\$
					Total	\$	OR	Total	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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A Credit Card Payment Form in the amount of \$_____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: April 3, 2006